

Sample Clinical Interview

Date: _____ Date of Birth: _____ Age: _____

Referral Source: _____

Presenting Problem/Clinical Impression: _____

Marital Status: () Married () Never Married () Divorced () Separated () Widowed

Current support network: _____

Number of Children: Ages _____ Education level: _____

Where raised? _____ By: _____

Siblings? _____ How would you describe childhood? _____

Type of work you do: _____

Employer _____; Time job: _____

Favorite leisure activities: _____

How's your current health? _____

Medications: _____

Have you ever been arrested for DWI? _____. If yes, see below.

Year	BAC	County/State	Outcome
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any Current legal charges besides your DWI? _____ If yes, Describe: _____

Have you ever been arrested for any other legal charges related to alcohol or drugs: ___?

Describe: _____

Past non-alcohol or drug legal charges & history: _____

Comments: _____

Substance Abuse History:

Client perceives substance use ____ is not a problem; ____ is a problem; ____ problem in past.

Substance	Never	Age Of 1 st use	Route: 1. oral 2. smoking 3. inhale 4. inject	Frequency Of Use (per week, month, etc.)	Avg. Amount of Use (# beers, drinks, hits, etc.)	Maximum Use at one time	Last Use
Marijuana/h ash							
Alcohol (beer, wine, liquor)							
Inhalants (gas, glue, Rush)							
Stimulants (speed, crystal meth, uppers, crank)							
Cocaine (powder; crack)							
Depressants (tranqs Benzos)							
Hallucinogens (ex: LSD, Peyote, mushrooms, PCP, Ecstasy, ketamine)							
Narcotics (ex: heroin, oxycontin, Vicodin, morphine)							
Tobacco (cigarettes, smokeless tobacco)							
Others (Which ones)							

Substance abuse symptoms (check all that apply)

Behavioral: ____ morning use, ____ changed or gave up activities, ____ lack of motivation, ____ lack of goals, ____ changed friends, ____ school problems, ____ personality change, ____ unable to pay bills,

____ neglected responsibilities, ____ other: _____

Consequences: ____ family/relationship problems/concerns, ____ loss of friends, ____ school suspensions, ____ legal problems, (____ DWI, ____ assault, ____ possession, ____ dealing, ____ paraphernalia, ____ breaking & entering, ____ larceny) ____ loss of job/ job problems/suspensions, ____ lost child to DSS, other consequences/comments: _____

Physical Symptoms: ____ memory impairment, ____ tremors, ____ blackouts, ____ hallucinations, ____ seizures, ____ overdose, ____ increased tolerance, ____ goes days without eating, ____ evidence of denial/resistance, ____ withdrawal symptoms (describe: _____

What is the longest period of time that you have gone without drinking alcohol or using drugs?

When did this occur? _____ Why did you abstain?

Have you ever been admitted to a substance abuse program? _____
Where/Outcome? _____

Do you, or have you ever attended AA/NA or other alcohol/drug self-help program regularly?
____ Yes, ____ no.
Comments _____

Have you ever been required to attend ADETS or alcohol or drug education classes?
____ Why? _____ When? _____ Completed?
____. If no, why not? _____

Recovery Supports: If not currently using substances, what is being done to support abstinence: _____

Is there a history of alcohol or drug problems in your family? _____
If yes, who? _____

Comments – Substance Use: _____

Psychiatric History

Have you ever received any treatment, counseling or medication for a mental health issue or emotional problem? If yes, describe? _____

Any emotional or mental health issues for which you are presently being treated?

Have you recently had periods of severe depression or anxiety? _____ If yes, explain

Have you ever thought about hurting yourself or taking your own life _____ or someone else's life _____?

If yes, did you have any plans to carry this out? _____ Describe:

Current Medications: _____

Relevant Past Meds: _____

Family History of mental illness/treatment: _____

Have you ever been involved with Child Protective Services or DSS? _____

If yes, explain:

Mental Status (Circle all that apply)

Orientation: Person, Place, Time, Situation

Facial expression: Animated, fixed, bland, angry, tearful.

Eye contact: good, fair, poor.

Gait: Steady, wide based, staggering, other _____.

Attitude toward counselor: Friendly, guarded, cooperative, uncooperative, hostile, indifferent, frightened, suspicions, inappropriate, flirting, other _____.

Affect quality: Appropriate, flat, depressed, elated, euphoric, irritable, anxious, angry, labile, and other: _____.

Affect range: Normal, exaggerated, restricted, other _____.

Affect appropriate to subject matter: () Yes () No _____.

Speech quality: Unremarkable, loud, soft, fast, slow, slurred, pressured, halting, histrionic, speech defected, other _____.

Organization of Thought: coherent, goal-directed, vague, concrete, circumstantial, tangential, disorganized, blocking, loose associations, flight of ideas, over abstraction, paucity, preservation, other _____.

Thought content: unremarkable, depressed, suicidal, homicidal, hallucinations, delusions, somatic, preoccupations, ruminations, self-deprecating, denial, externalize blame, other _____

Summary/Comments:

ASAM DIMENSIONS:

SEVERITY OF ILLNESS

DIMENSION I:						
Acute Intoxication/withdrawal potential		LOW		MEDIUM		HIGH
DIMENSION II:						
BIOMEDICAL CONDITIONS AND PLICATIONS		LOW		MEDIUM		HIGH
DIMENSION III:						
EMOTIONAL/BEHAVIORAL OR COGNITIVE CONDITIONS AND COMPLICATIONS		LOW		MEDIUM		HIGH
DIMENSION IV:						
READINESS TO CHANGE		LOW		MEDIUM		HIGH
DIMENSION V:						
RELAPSE/CONTINUED USE POTENTIAL		LOW		MEDIUM		HIGH
DIMENSION VI:						
RECOVERY ENVIRONMENT		LOW		MEDIUM		HIGH

Clinical review of the Screening/Assessment instrument.

Results: _____

Recommended level of care:

_____ ADETS _____ Long Term _____ hours
_____ Short-term _____ hours _____ Inpatient/Residential
_____ IOP/90 hour _____ Other/Special _____

Diagnosis:

#1 _____ DSM IV Code: _____
#1 _____ DSM IV Code: _____
#2 _____ DSM IV Code: _____
#3 _____
#4 _____
#5 (GAF) _____

ASAM Level Recommendation: _____

Certified Counselor: _____

Date: _____